

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/054,660	04/03/98	604	3734	C-6-2

APPLICANT

PHILIP E. EGGERS, DUBLIN, OH; HIRA V. THAPLIYAL, LOS ALTOS, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CON OF 08/753,227 11/22/96 PAT 5,873,855  
 WHICH IS A CIP OF 08/562,331 11/22/95 PAT 5,633,366  
 WHICH IS A CIP OF 08/485,219 08/07/95 PAT 5,627,281  
 WHICH IS A CIP OF PCT/US94/05168 05/10/94

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED WHICH IS A CIP OF 08/059,681 05/10/93 ABN  
 WHICH IS A CIP OF 07/958,977 10/09/93 PAT 5,366,443  
 WHICH IS A CIP OF 07/817,575 01/07/92 ABN

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED PCT US94/05168 05/10/94

FOREIGN FILING LICENSE GRANTED 05/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 21	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials <u>MP</u> Initials _____					

ADDRESS	JAMES M HESLIN TOWNSEND AND TOWNSEND AND CREW TWO EMBARCADERO CENTER 8TH FLOOR SAN FRANCISCO CA 94111-3834
	ArthroCare Corporation 595 N. Pastoria Avenue Sunnyvale, Ca. 94086

TITLE	SYSTEMS AND METHODS FOR ELECTROSURGICAL MYOCARDIAL REVASCULARIZATION
-------	--

FILING FEE RECEIVED \$2,170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	---